

SOLIHULL HEALTH AND WELLBEING BOARD

TERMS OF REFERENCE

1. Aim of Board

- 1.1.** The overall aim of the Board is to improve the health and wellbeing of the population of Solihull from pre-birth to end of life and reduce inequalities. It will do this by promoting independence and enabling local people to make informed wellbeing choices. This will be achieved primarily through the identification of key priorities as a result of the production of a Health and Wellbeing Strategy, informed by a Joint Strategic Needs Assessment. Delivery against these priorities will then be overseen by the Board.
- 1.2.** The overall aim of the board will also be pursued by seeking assurance (or mitigation plans where necessary) that all Solihull partner organisation members have relevant strategic and delivery plans which fully incorporate the aims of the Solihull Health and Wellbeing Board, including the Birmingham and Solihull Integrated Care System (ICS).
- 1.3** Solihull has a long history of effective partnership working, to improve health outcomes throughout the whole life course, as well as to support a more cohesive approach to service delivery across agencies. The introduction of an Integrated Care System (ICS) across Solihull and Birmingham is the next major step in regards to the ongoing development of partnership working. The ICS enables local NHS partners, the Council and other key agencies to form dynamic partnerships to address some of the local communities most complex health problems. This will be achieved by removing barriers that stop the system from being truly integrated, increasing use of new technologies and data, as well as ensuring greater accountability.
- 1.4.** A key focus of the ICS will be to support place-based joint working between the NHS, local government, community health services, and other partners such as

the voluntary and community sector. In NHS guidance 'place' is described at the population scale of Solihull Borough and usually associated with Council boundaries.

- 1.5.** The Board is a statutory committee of the Local Authority, established as a consequence of Section 194 of the Health and Social Care Act 2012. The Board will report to the Full Council. It also has the power to request information from any of its members or agencies represented on the Board for the purpose of assisting it with its functions. The Board also fulfils the statutory requirement¹ for a Children's Trust Board to improve outcomes for children and young people aged 0 – 19, and for some young people such as those with learning disabilities and care leavers up to the age of 25.
- 1.6.** In these terms of reference any references to "The Council", "Local Authority", "Solihull MBC", or "SMBC" shall be construed as referring to Solihull MBC being the local authority for the area covered by these terms of reference.

2. Main Functions

- 2.1. To commission the production of a joint strategic needs assessment and to determine a joint health and well-being strategy aimed at addressing the needs identified in the joint strategic needs assessment, taking a key role in overseeing delivery of agreed strategic priorities**
- Commission and support the development of the Joint Strategic Needs Assessment (JSNA) in order to understand the health and wellbeing needs of the population of Solihull and to identify priorities to improve health and wellbeing
 - Publicise and present the JSNA as a key public document to support local decision making and commissioning
 - Ensure delivery of a local Pharmaceutical Needs Assessment

¹ The Apprenticeships, Skills, Children and Learning Act 2009 revised the Children Act 2004 so that each "children's services authority in England under section 10 must include arrangements for the establishment of a Children's Trust Board for their area".

- Develop and agree a Joint Health and Wellbeing Strategy (JHWS) based on the needs and priorities identified within the JSNA and the other supporting needs assessments. The Joint Health and Wellbeing Strategy will also cover the needs and priorities for children, young people and families and so act as Solihull's Children and Young People's Plan
- Ensure that the commissioning strategies and decisions undertaken by organisations who commission services for Solihull residents and registrants (for example, Birmingham and Solihull Clinical Commissioning Group and the Local Authority) are informed by and respond to the JSNA and the JHWS.

2.2. Children's Trust Board Responsibilities

- In fulfilling Children's Trust Board responsibilities, the Health and Wellbeing Board brings together the public and voluntary sectors to improve outcomes for all children and young people.
- The Health and Wellbeing Board will undertake the following responsibilities:
 - Oversee key areas of multi-agency strategic planning and working for children and young people.
 - Pursue integration where there is evidence that integrated working will improve outcomes for children and young people.
 - Support the delivery of key programmes identified within the Council Plan, including the following:
 - Take action to improve life chances in our most disadvantaged communities;
 - Enable communities to thrive
 - Sustainable, quality, affordable provision for adults and children with complex needs
 - Support and monitor the delivery of the key strategies for children and young people identified in the Council Plan:
 - The all age Exploitation Reduction Strategy

- Placement Sufficiency Strategy – to increase the number of local, family based and foster care placements for children and young people in care.
- Solihull Joint Strategy for Children and Young People with Additional Needs

2.3 Promote effective collaborative working with the Birmingham and Solihull Integrated Care System (ICS)

- The ICS will work closely with the Health and Wellbeing Board, as they have the experience as placed-based planners, and the ICS NHS Body will be required to have regard to the Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies that are being produced at HWB level.
- The collaborative work between the ICS and the Health and Wellbeing Board will support the following:
 - Building on the strong partnership working ethos cultivated through the Board since 2013.
 - The move towards population health management, which will ensure placed based and neighbourhood working is focused on delivering outcomes based on the needs of the population.
 - It ensures a continued focus on the wider determinants of health which have an impact on an individual's health and wellbeing.
 - It reflects a genuine desire across the local health and care system to develop innovative ways of working and to capitalise on the advances made during the Covid-19 pandemic.
 - The recognition of the contributions of wider partners on improving the population health and wellbeing, e.g. Housing.

The Board will undertake the following measures to promote integration and partnership working between the NHS, local government, community health services, and other partners such as the voluntary and community sector:

- Encourage and provide support to agencies that commission or provide health, social care, education, public health and other services which have a role in delivery of the aims of the Solihull Health and Wellbeing Board. The purpose is to facilitate services working together in an integrated manner in order to improve the health and wellbeing of the people of Solihull.
- Model behaviours needed in a whole system approach at all levels – promoting positive and constructive relationships, and effective communication.
- Support robust arrangements for interagency governance to ensure an improvement in outcomes for all residents.
- Promote public and professional engagement on the opportunities and benefits of joint and integrated working
- Promote the active engagement of Healthwatch, the Voluntary Sector, as well as other key stakeholders, in the Board's activities and utilise these to support and enable input to the Board from patient and user led organisations.

2.4. Support strategic joint commissioning and pooled budget arrangements

- Develop/agree shared values and design principles, working together to determine joint commissioning strategies and priorities and associated delivery plans.
- Confirm and agree what services are commissioned at what level, i.e., individual, neighbourhood, locality, Health and Wellbeing geography, regional, specialist/national
- Develop and agree the degree of integration of activity and budgets at the different levels
- Facilitate the optimal use of Section 75 of the NHS Act 2006 and other appropriate statutory mechanisms
- Promote the appropriate use of personal health budgets (in health) and Direct payments (in social care) to support individual's outcomes.
- Approve Better Care Fund plans where this is required through national guidance

2.5. Mandate and oversee Solihull Together Board, its priorities and work plan

- Mandate Solihull Together Board to take forward the necessary improvement and development work associated with delivering the multi-agency elements of the Joint Health and Wellbeing Strategy and the Solihull-related elements of the ICS (where it has been agreed for delivery to be at a local 'Solihull' level).
- To support Solihull Together Board in acting as both a Partnership Board and also a Programme Delivery Board for the work-streams mutually agreed as reporting to it.

2.6. Ensure that wider strategies are in place to improve the wider determinants of health and embed prevention in local service delivery, including joint delivery with BCC and BSOL CCG.

- The BSOL Prevention Board has responsibility for working with the NHS to coordinate prevention within the NHS and across Birmingham and Solihull.
- Solihull Together as a Partnership Board and Delivery Board will also oversee joint delivery of programmes to influence the wider determinants of health, such as housing and skills on behalf of the Health and Well-being Board.

2.7. Oversee local health protection arrangements

- The Board will provide oversight for Solihull's Health Protection Board ensuring that effective arrangements are in place to manage risks to health across partners including the NHS, Public Health England, the local authority and other resilience partners within Solihull. The Board will receive the HPB Annual Report including local outcome data and performance summaries for health protection.

2.8. Relationship between the Solihull Safeguarding Adults Board, the Solihull Safeguarding Children Partnership, Safer Solihull and the Health and Wellbeing Board

- The Solihull Safeguarding Adults Board, the Solihull Safeguarding Children Partnership, Safer Solihull and the Health and Well-Being Board have important but distinctive roles in supporting children, young people and adults and addressing the risk to local residents/registrants who may be at risk of harm. Protocols have been devised that sets out working arrangements between these four multi-agency Boards.
- The Health and Well-Being Board has overall accountability for identifying priority areas of business and ensuring that services work together to deliver improved outcomes for children, young people and adults and that organisational arrangements to respond to people who are at risk of harm are satisfactory.
- The Solihull Safeguarding Adults Board and Solihull Safeguarding Children Partnership and Safer Solihull contribute to the delivery of improved outcomes for children, young people and adults at risk and are responsible for challenging partner agencies through the Health and Well-Being Board on their success in ensuring children, young people and adults at risk are appropriately supported by local organisations.
- The Solihull Adults Safeguarding Board and Solihull Safeguarding Children Partnership and Safer Solihull play a significant role in supporting and challenging the Health and Well-Being Board to produce a Joint Strategic Needs Assessment that addresses the safeguarding needs of children, young people, their families, adults at risk and their carers.

3. MEMBERSHIP

The membership of the Health and Wellbeing Board is as follows:

3.1 Statutory membership

In accordance with the Health and Social Care Act 2012 the following are appointed to the Health and Wellbeing Board:

- a) The Council's Lead Member for Partnerships and Wellbeing
- b) The Council's Cabinet Portfolio Holder Adult Social Care & Health
- c) The Council's Cabinet Portfolio Holder Children, Education & skills
- d) The Council's The Director of Adult Social Services
- e) The Council's The Director of Children's Services
- f) The Council's The Director of Public Health
- g) A senior representative of the Local Healthwatch organisation for the area of the local authority
- h) The Clinical Chair of the Birmingham and Solihull Clinical Commissioning Group
- i) An Executive Officer of Birmingham and Solihull Clinical Commissioning Group

3.2 Non-statutory membership

Elected members will be directly appointed to the Board by the Council.

The Health and Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate at any point. Before any new member is appointed to the Board, however, the Health and Wellbeing Board must be consulted.

The agreed non-statutory membership of the Health and Wellbeing Board is as follows:

- a) University Hospital Birmingham
- b) West Midlands Fire and Rescue Service
- c) A senior clinical representative of Solihull Primary Care Networks
- d) Birmingham and Solihull Mental Health Foundation Trust
- e) West Midlands Police
- f) Solihull Community Housing
- g) Voluntary Sector Representatives - agreed with the VCS Reference

Board which represents all Voluntary, Community and Faith Groups in Solihull

- h) Schools Strategic Accountability Board

The current full membership of the Health and Wellbeing Board will be reported annually to the Board.

4. WORKING ARRANGEMENTS

4.1 Membership and appointment

- Members of the Health and Wellbeing Board who represent a partner organisation should be senior people with a strategic role within their organisation, able to comment on the full range of their organisation's interests, report back to that organisation on debates within the Health & Wellbeing Board and make decisions committing the organisation to taking action and providing resources. They should also be able to answer for their organisation's delivery of their commitments to the Health & Wellbeing Board's work.
- Members of the Health & Wellbeing Board who represent a range of organisations or stakeholders (e.g. the Voluntary Sector representative) should have a mandate to sit on the Board on behalf of the people they represent, report back to them on the Board's work, seek to influence them on commitments made at the Board and represent their views wherever possible at the Board.
- The Board will keep its membership under review and has the right to invite other members to join. A record of attendance will be published on an annual basis. If a member of the Board cannot attend, a deputy or alternative representative who has decision-making powers should attend in their absence, but alternative representation should be agreed with the Chair. Substitutes, whilst able to attend and participate in the Board, will not have voting rights.
- An electronic annual assessment will be undertaken with HWBB members requesting that Board members comment on their perspective

of the effectiveness of the Board, to inform future development of the Board.

4.2 Chairing

- The Chair of the Board will be appointed by the Leader of Council. The vice-chair will be appointed on the recommendation of Birmingham and Solihull CCG. The responsibilities of the Chair and Vice Chair are set out in appendix 1.
- Should neither the Chair nor Vice Chair be able to attend a meeting of the Health and Wellbeing Board, the Chair shall designate another statutory member of the Board as Chair for this meeting. Where this is not possible, a Chair shall be elected at the start of the meeting.

4.3 Decision-making

- Reports to the Board should be prepared in a way that enables effective decision-making and circulated in advance of meetings. Decisions, recommendations, declarations of interest, and reservations will be recorded in the meeting minutes.
- The summons to attend a meeting of the Board and all reports referred to in the summons shall be sent to members of the Board at least five clear working days before the meeting concerned.
- The quorum for meetings shall be five voting members and must include at least one Councillor, one SMBC Director and one representative of the Clinical Commissioning Group.
- Decisions taken by the Board are generally done so by consensus. If a Board decision should require a vote then all members present (excluding substitutes) may participate in the vote having one vote each; in the event of a tie then the Chair will have the casting vote.
- The Health and Wellbeing Board may appoint Sub-Committees/Boards to act in an advisory capacity or to discharge any of its functions (other than any functions under Section 196(2) of the 2012 Act). Solihull Together Board is mandated to undertake specific business on behalf of Health and Wellbeing Board, as set out in previous sections.

4.4 Performance Management

- Each year the Board will publish an annual review of progress for the previous year.
- The Board will monitor progress on a quarterly basis, using a scorecard of key performance indicators. Board members will provide further support and challenge where performance is not progressing as required.

4.5 Public engagement

- Meetings of the Board are open to the public unless confidential information is to be disclosed. Observers are permitted to contribute at the invitation of the Chair.
- Items that are of a confidential nature will be discussed within the Private section of the agenda (i.e. contains exempt information as defined in Schedule 12A to the Local Government Act 1972).
- The Board meeting minutes will be published on the Council website, and shall be presented to Solihull Metropolitan Borough Council.

4.6 Practical arrangements

- The Board shall meet every 6 weeks, with the addition of extra meetings as required.
- Agenda items can be proposed by any Board member but should be agreed with the Chair.
- Solihull MBC Democratic Services will provide administrative support to the Board. SMBC Public Health Department will provide policy support and advice.
- The Board will agree joint working protocols with other partnership bodies as required, for example, Solihull Safeguarding Adults Board.
- The Health and Wellbeing Board is an executive function of the Council and is accountable for its effectiveness through Council scrutiny.
- These terms of reference stipulate the governance arrangements and decision making processes of the Board. It is recognised the role of the

Board does not supersede the existing statutory responsibilities the individual Board representatives and/or their respective organisations are required to fulfil.

- The Terms of Reference will be reviewed as and when required to ensure the Board fulfils its role effectively and is able to respond to changes affecting partner organisations and partnership arrangements. If the Board wishes to consider any potential changes to the Terms of Reference it should seek appropriate advice from the Solicitor to the Council and Monitoring Officer.

Appendix 1: Role description for the HWBB Chair & Vice Chair

The responsibilities of the Health & Wellbeing Board Chair are to:

1. Build support and engage partners in the work of the Board.
2. Agree an agenda for each Board meeting, and review progress against actions agreed at previous meetings.
3. Manage Board meetings in a way that enables partners to contribute.
4. Hold partners to account for their commitment to, and attendance and participation in the Board.
5. Ensure that new representatives or members of the Board understand the roles and responsibilities and terms of reference.
6. Sign documentation and release funding on behalf of the Board.
7. Represent the Board at events and actively champion the work of the Board to improve health and wellbeing outcomes the people of Solihull.

The Vice Chair is expected to support the Chair in their duties, and step in where the Chair is not available. In the absence of both the Chair and the Vice Chair the Council should appoint a temporary Chair for a meeting.